

MENTAL HEALTH LEGISLATIVE FOCUS SUMMIT
Montana Department of Public Health and Human Services (MDPHHS)
February 13, 2008

Facilitator's Summary

SESSION OBJECTIVE

Come to general agreement on adult and children mental health system funding and legislative priorities to recommend to DPHHS and the Governor's Office for the 2009 EPP process.

COMPLETED FACILITATED AGENDA ITEMS

Focused Discussion - Identifying Critical Needs in Montana's Adult and Children Mental Health Care System

Mental Health Oversight Advisory Council; Regional Authorities; Consumers

Important Values

- We believe in community-based services.
- We believe that immediate access to mental health care is the right of every person regardless of age.
- We believe that recovery should be the target for all treatment planning and that family and advocate involvement is an important part of the process.
- We believe in the decriminalization of mental illness.

Identified Priority Needs

- Funded and supported statewide telepsychiatry network
- Combined mental health and chemical dependency funding streams
- Funded and supported local secure beds
- Continued funding and support of local crisis response services
- Continued funding of the 72 hour presumptive
- Funding and support for dedicated mental health professionals in County detention centers
- Expanded training requirements for law enforcement to include CIT
- Medicaid rule change to address incarceration/suspension/re-entry
- Support and funding for appropriate medical transportation to and from the State Hospital and legal hearings
- Revision of the pre-commitment law

Law Enforcement and Corrections

Important Values

- We believe in an available service array as close to home as possible (i.e., instate rather than out-of-state; development of local and regional services).
- We believe that investment at the “front end” pays dividends.
- We believe in leveraging and sharing resources through partnerships.
- We believe that incentives and resources must be created to recruit an adequate mental health workforce at all levels of care and the custody continuum.

Identified Priority Needs

- Secure treatment beds that meet both custody and security needs and acute treatment needs for adults and youth
- Expanded aftercare and transition support for adults and juvenile offenders when returning to the community
- Needed mental health care services in secure facilities for those offenders who are required to be in custody
- Reduction or elimination of the need for law enforcement transport with local services and H/C response (uniform practice – Professional; dollars; protocol)

Providers

Identified Priority Needs

- Support for inpatient benefit for the uninsured and Montana State Hospital patients
- Services and coverage for “new” and “unconnected” people; increased community capacity to treat and engage “new” and “unconnected” people
- Support for APRN development within State training at Montana State University
- Increased MHSP to 200% of poverty
- Expanded Nurse First services to include Care Enhanced Schizophrenia Program (possibility of “plugging in” peer support services)
- Funding for resource development

Mental Health Support Organizations/Associations

Important Values

- We believe in a mental health care system that is person-centered and family directed.
- We believe in a community-based continuum of care.
- We believe that mental health care should be accessible.

Identified Priority Needs

- Integration of mental illness management with peer services and recovery
- A system change and support to decriminalize mental illness:
 - CIT
 - Mental health courts
 - Continuum of services for the corrections population
- Secure crisis facilities in communities
- Continued and expanded suicide hot lines
- Services for veterans:
 - PTSD covered by MHSP
 - Family support
 - Presumed eligibility for veterans
- Resolution of transportation problems:
 - Medical transport to the State Hospital
 - Other transport to provide care and support consumers and their families
- More robust continuum of services especially for children
 - Transitional services for youth to adult
 - KMA expansion
 - Workforce development in support of child psychiatry

Counties/State - Elected Officials

Important Values

- We recognize the importance of community-based services.

Identified Priority Needs

- Improved crisis services in communities including a broad range of services (transportation, etc.)
- Keeping people from crisis because it's less expensive to have opportunities to ward off crisis versus respond to crisis
- "Fluency" between the kids/youth system and the adult system - encourage more collaboration and less competition.
- Suicide prevention support

Establishing Criteria for Prioritizing Critical Needs

Summit Participants listed the following criteria to consider when identifying priorities for the 2009 EPP and Legislative process:

- Does it save lives?
- Are the costs worth the benefits in terms of improved services and/or and improved system? Might it leverage resources?
- Does it fit our fiduciary responsibility to those we serve and to the citizens of Montana?
- Is it sustainable?
- Would it clarify “definitions” and “practices” that would result in better services and outcomes?
- Would it preserve or promote public safety at the community level? Would it preserve or promote individual safety?
- Does it provide services for the most people underserved now?
- Does it serve a new population not currently served?
- Would it contribute to geographic equity?
- Is it consumer driven? Would it hold the client/consumer in high regard? Does it provide consumers with a choice?
- Does it “appropriately” allow for different cultural standards?
- Does it have a proven track record (minimumally evidence-based)?
- Does it incentivize?
- Can it be enacted within the 2-year legislative cycle?
- Are we thinking about kids and adults equitably?
- Does it advance the overall system to support the consumer (i.e., electronic medical records)?

Coming to Agreement

Recommended Overall or Broad Mental Health Priorities for the 2009 Legislative/EPP Process (number does not indicate ranking)

General Agreement

1. Strengthen and support local and regional services to include:
 - Acute secure beds (BIFs; forensic and civil)
 - Affordable housing
 - A statewide system/plan to provide direction and to make sure duplication is not occurring
 - Crisis response teams
 - Crisis centers across the State (similar to the Billings center).

2. Finds ways to successfully solve the transportation problem:
 - To the State Hospital when committed (sheriff?)
 - To community services (Technical Transportation Advisory Committees (TAC)?)
 - Social needs
3. Develop and increase mental health workforce capacity:
 - Peer and family support with a funding stream
 - Professional development
 - Incentives to practice in Montana (e.g., student loan forgiveness)
 - Schooling or tax incentives (federal VA funding)
 - Psychiatric residency program including forensic
4. Address the issue of uninsured/ineligible/un-attached clients
 - Must commit a crime to get in
 - Parents are taught to criminalize their kids to get services

**Recommended 2009 Legislative/EPP Process Priorities Specific to Children
(number does not indicate ranking)**

General Agreement

1. Support a continuum of community-based services for kids including:
 - Secure beds
 - Crisis intervention
 - Follow-up and aftercare
 - Coordination (system improvement) of placement “triage”
2. Increase professional mental health workforce capacity in Montana for children by:
 - Attracting children’s mental health care professionals
 - Define who we can bring back to Montana and who it would be difficult to bring back to Montana
 - Supporting telemedicine/”telepsychiatry”
 - Revise the credentialing system to eliminate artificial barriers
3. Provide for early identification and intervention:
 - Work with schools and youth criminal justice.
 - Establish presumptive eligibility for youth in crisis – don’t only serve Medicaid-eligible kids.

4. Provide “wraparound” family support services so they can support their kids:
 - Break down community involvement barriers.
 - Access to services should not incentivize the criminalization of the mental illness of kids.
5. Create/provide transition services for youth leaving the “child” system and moving into the adult system.
 - “De-fragment” the system to facilitate a smooth transition.
 - Explore various funds and funding mechanisms and create a pooled fund for kids that crosses agency boundaries.

Agreement with “Complications”

- Design/implement a system that actually promotes least-restrictive care and doesn’t require labeling to get care.
- Build/create an in-state facility/facilities to address the needs of those kids currently placed out-of-state. Explore whether it’s cost/service neutral.

**Recommended 2009 Legislative/EPP Process Priorities Specific to Adults
(number does not indicate ranking)**

General Agreement

1. Develop and fund local secure treatment beds.
2. Increase professional mental health workforce capacity in Montana for adults:
 - Supporting “telepsychiatry”
 - Developing capacity in the area of medication management
3. Increase CIT training.
4. Find ways to solve the multi-faceted transportation problem.
5. Continue the 72 hour presumptive protocol.

Agreement with “Complications”

- Provide more funds and do capacity building for developing consumer responsive and consumer driven services.
- Create/provide transition services for youth leaving the “child” system and moving into the adult system.
- Revise commitment laws.
- Address the problem of access to mental health services in detention facilities.

Recommended Priority Legislation or Legislative/Rule Changes for the 2009 Legislature (number does not indicate ranking)

1. Make the definition of youth mental illness universal.
2. Address the need for commitment law changes/revises the commitment law to include:
 - Beyond threat to self or others
 - Expand so not at risk of death but gravely disabled
3. Address the issue of losing Medicaid when committed to the State Hospital or incarcerated.
4. Continue the Medicaid waiver – 72 hour presumptive eligibility.
5. Establish the “family of one” concept.
6. Address Diversion courts – both mental health and drug.
7. Allocate a certain number of beds to commit to the State Hospital with the money saved going back to the County.
8. Create a joint insurance pool for the State Hospital based on County per capita assessment with State leadership to manage the fund (partnerships among Counties, Municipalities and the State).
9. Introduce and support legislation for incentives to bring physicians, APRNs and other mental health professionals to the State.

Where do we go from here?

- The facilitator will compile the notes from the Summit and provide them to the State and the Mental Health Oversight Advisory Council.
- The summary of the meeting will be sent to Summit participants and observers.